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## BIB DATA SHEET

CONFIRMATION NO. 9079

<b>SERIAL NUMBER</b> 10/667,482	<b>FILING or 371(c) DATE</b> 09/23/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 4865-62	
<b>APPLICANTS</b> Claudio Cavazza, Roma, ITALY; <b>** CONTINUING DATA *****</b> This application is a DIV of 10/019,545 01/03/2002 PAT 6,653,349 which is a 371 of PCT/IT00/00313 07/25/2000 <b>** FOREIGN APPLICATIONS *****</b> ITALY RM99A000483 07/28/1999 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/12/2003					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /JENNIFER MYONG M KIM/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES					
<b>TITLE</b> Composition for the prevention and treatment of kidney dysfunctions and diseases					
<b>FILING FEE RECEIVED</b> 3552	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		